ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			10/10-5-99
FORMALITY REVIEW	NDO.	68971	10/12/99

INDEX OF CLAIMS

✔	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date					
Final	Original	10	11	00	01	02
1	1	✓	✓	✓	✓	✓
2	2					
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	9					
10	10			✓	✓	
11	11					
12	12					
13	13					
14	14					
15	15					
16	16					
17	17					
18	18					
19	19			✓	✓	✓
20	20					
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23	23					
24	24					
25	25					
26	26				✓	
27	27					
28	28					
29	29					
30	30					
31	31	✓	✓	✓	✓	
32	32			12	=	✓
33	33			11		
34	34					
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38	38					
39	39					
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45	45					
46	46					
47	47					
48	48					
49	49					
50	50				=	✓

Claim	Date			
Final	Original	10	11	02
	51	=	✓	
	52			
	53			
	54	=	✓	
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	62	✓		
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions
staple additional sheet here

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